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OK P BK 137 PG 214  
DESO TO COUNTY, MS  
W-E. DAVIS, CH CLERK

**GENERAL POWER OF ATTORNEY  
(INCLUDING HEALTH CARE)**

**KNOW ALL PERSONS BY THESE PRESENTS:**

That, I, ROSEMARY SABBATINI, Social Security Number XXX-XX-5037 do hereby appoint NED SABBATINI, Social Security Number XXX-XX-0453, as my true and lawful attorney-in-fact to manage and conduct all my affairs and act in all matters in my name and in my behalf. Such acts include, but not limited to:

1. To lease, sell, use, establish title to, register, insure, transfer, mortgage, maintain, manage, pledge, exchange or otherwise dispose of or encumber any and all of my property, real, personal, or mixed, including motor vehicles of any kind, and to execute and deliver good and sufficient deeds or other instruments for the lease, conveyance, mortgage, maintenance, or transfer.
2. To buy, receive, lease, accept or other acquire in my name and for my account, property, real, personal, or mixed upon such terms, considerations and conditions as my said attorney-in-fact shall deem sound.
3. To transact all business of mine on my behalf including entering into contracts and making of such investments as my attorney shall deem sound.
4. To institute and prosecute, or to appear and defend, any claims or litigation involving me or my interests. This shall include, but not be limited to, the authority to present a claim against the United States for damage to or loss of personal property.
5. To prepare, execute, and file all tax returns and to receive and negotiate all tax refund checks.
6. To executer all documents needed for travel of my family members and transportation or storage of my property, as authorized by law and Military regulations; to sign for and clear government or other quarters in the best interests of my family members and in accordance with law and Military regulations.
7. To demand, act to recover, and receive, all sums of money which are now or will become owing or belonging to me, and to institute accounts on my behalf and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of the powers granted herein. This shall include, but not be limited to, the authority to receive, endorse, cash, or deposit negotiable instruments made payable to me and drawn upon the Treasurer, or other fiscal officer or depository, of the United States.

Ned Sabbatini  
Call when ready 662-449-4408

The above described powers are merely examples of the authority granted by this document and not in limitation or definition thereof. However, my agent shall have no rights of powers hereunder with respect to the following:

a. Life Insurance: My Attorney shall have no rights or power hereunder to cancel or change the beneficiary of any policy of life insurance owned by me.

b. Fiduciary Powers: My Attorney shall have no rights or powers hereunder with respect to any act, power, duty, right obligation, relating to any person, matter, transaction, or property, owned by me or in my custody as a trustee, custodian, personal representative or other fiduciary capacity for someone else.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING MY ESTATE, PROPERTY, AND AFFAIRS AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.

I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. I especially intend this to be a power of attorney for any and all health care purposes, including the power to choose or refuse a doctor.

I direct my attorney-in-fact to seek legal counsel in order to determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall remain valid for an INDEFINITE period of time.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the Presence of the Notary Public witnessing it as my request this the 26 day of April, 2010.

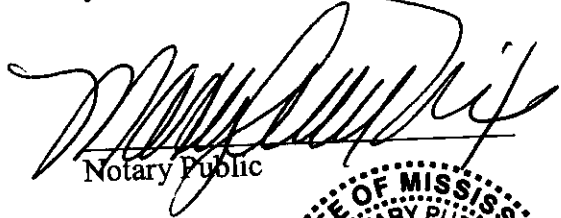
Christie W Greer  
Witness

Rosemary M. Sabhatine

STATE OF MISSISSIPPI  
COUNTY OF Desoto

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared before, who is known by me to be the person who is described herein, whose name is subscribed to, and who signed this Power of Attorney as Grantor and having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I hereunto set my hand and affix my official seal on this the 26 day of April, 2010.

  
Notary Public



My Commission Expires:

August 2, 2013

PREPARED BY:

JOHN M. SHERMAN  
ATTORNEY @ LAW  
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203 COURT ST.  
CLARKSDALE, MS 38614  
662-627-5301